

AO 435 (Rev. 03/08)		Administrative Office of the United States Courts			<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>						
<i>Please Read Instructions:</i>						
1. NAME Hermann Bauer			2. PHONE NUMBER (787) 282-5723		3. DATE 11/16/2017	
4. MAILING ADDRESS 250 Ave. Muñoz Rivera, Ste. 800			5. CITY San Juan		6. STATE PR	7. ZIP CODE 00918
8. CASE NUMBER 17-03283-LTS		9. JUDGE Hon. Laura Taylor Swain		DATES OF PROCEEDINGS 10. FROM 11/15/2017    11. TO 11/15/2017		
12. CASE NAME In Re: Commonwealth of Puerto Rico			LOCATION OF PROCEEDINGS 13. CITY New York    14. STATE NY			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER						
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						Entire transcript for
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)-		Hearing held on 11/15/2017
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE /S/ Hermann D. Bauer			PROCESSED BY			
19. DATE 11/16/2017			PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS			
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY